

# Lincoln



# Nebraska's Capital City

March 20, 2002

Mayor Wesely and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Potamia Inc., d.b.a. The Parthenon, 5500 South 56<sup>th</sup> Suite 100 requesting a class I liquor license for this location.

The Parthenon will be a full service family style Greek restaurant.

Shareholder information is as follows:

George Kazas	President	30%
Michael Kazas	Vice President	30%
Despina Kazas	Sec/Treasure	40%

George Kazas, President of The Parthenon requests that he be approved as the manager of this liquor license.

Background information on George Kazas is as follows:

George Kazas was born in 1971. He attended Lincoln East High School graduating in 1990. Mr. Kazas has been an owner in Papa Johns Restaurant since 1989.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department  
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: [www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)

A nationally accredited law enforcement agency



Liquor License Business Report / Completed by Inv Fosler Date: \_\_\_\_\_

DBA: The PARthenon

ADDRESS 5500 So 56TH #100 PHONE \_\_\_\_\_

TYPE OF INVESTIGATION:

PURCHASE ☐ UPGRADE ☐ EXPANSION ☒ NEW

☒ OWNER ☒ MANAGER ☐ OTHER \_\_\_\_\_

TYPE OF BUSINESS Rest.

CLASS: A B C D ☒ I J K CATERING OTHER \_\_\_\_\_

OWNERSHIP ☒ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL

PURCHASE PRICE \_\_\_\_\_ PROPERTY EQUIPMENT VALUE \_\_\_\_\_

AMOUNT FINANCED 100K SOURCE P.W.

COLLATERAL Personal Property COSIGNER(S) owners

LEASE AGREEMENT 5yr w/options \$3400<sup>00</sup> mo

EST INCOME %FOOD 75 %LIQUOR 25

☒ COMMERCIAL ☐ INDUSTRIAL ☐ RESIDENTIAL

TRAFFIC moderate PARKING off-street

READY FOR OPERATION: YES ☒ NO ☐ EST DATE Sept 2002

FOOD SERVICE Full # OF EMPLOYEES F/T 11 P/T 10

DOES LICENSE COMPLY WITH LEGAL DISTANCES ☒ YES ☐ NO

EST SEATING 248 EST # DAILY CUSTOMERS unknown

HOURS OF OPERATION 11am - 11pm 7 days

HUMAN RIGHTS COMMISSION CHECKED YES NO ☒ N/A

Liquor License Investigation

Business (DBA) The Parthenon

☒ Manager ☒ Owner Other \_\_\_\_\_

Name: George KAZAS

US Citizen? ☒ Yes No

Has applicant ever been cited for liquor law violations? ☒ No Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license? No ☒ Yes  
Explain Papa Johns

Is spouse qualified to hold a license? Yes No ☒ N/A

How is applicant if not an owner to be paid? Salary Hourly N/A

How many hours will applicant be at the establishment? 60-70 +

Any other employment? No ☒ Yes, explain Limited Papa Johns

Any previous experience with a liquor license? ☒ Yes No

Any criminal convictions? ☒ No Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln? Yes ☒ No

Is applicant involved in any civil litigation? ☒ No Yes  
Comments \_\_\_\_\_

☒ Photo ☒ Records Check ☒ References

Comments \_\_\_\_\_

Interview Date 3/20/02

# STATE OF NEBRASKA

*Just*

*Let date. 3-18-02  
PH: 4-1-02*



Mike Johanns  
Governor

City Clerk  
County/City Bldg  
555 S 10th Street  
Lincoln NE 68508

Dear Local Governing Body:

March 7, 2002

## NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman  
Executive Director

301 Centennial Mall South, 5th Floor  
P.O. Box 95046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2814  
TRS USER 800 833-7352 (TTY)

*Potemia Inc  
dba The Fartheron  
5500 S 56th St. #100  
68516*

*A2-026877  
180*

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

### TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

*Sill L. Nelson*

Licensing Division

Enclosures  
Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12.99

*3-20-02 @ 1:30*

*City Clerk*  
*4/8 & 4/22*

**APPLICATION FOR LICENSE**  
 Nebraska Liquor Control Commission  
 PO Box 95046,  
 301 Centennial Mall South  
 Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>  
 Phone: (402) 471-2571  
 Fax: (402) 471-2814

*I 54874*

**RECEIVED**

MAR - 6 2002

NEBRASKA LIQUOR  
 CONTROL COMMISSION

**INSTRUCTIONS:** Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk ( \* )

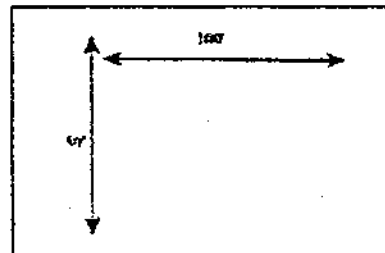
**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH**

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION *	CORPORATE SURETY BOND INFORMATION
Type of application being applied for (check appropriate box)  1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Bond Company - for Classes L V W X Y only  Start Date _____ Month/Day/Year _____ Bond Number _____
<b>SECTION A – LOCATION INFORMATION – Must be completed by all applicants</b>	
Trade Name (name of business) The Parthenon	Telephone Number at premise to be licensed _____
1) Street Address of Proposed licensed premise Unit 100, 5500 S. 56th Street	2) Mailing Address for receipt of Liquor Control Commission mailings Unit 100, 5500 S. 56th Street
City _____ County _____ Lincoln Lancaster  Zip Code _____ 68516	City _____ County _____ Lincoln Lancaster  Zip Code _____ 68516

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

See attached

*1 story bldg approx 65' x 65' plus walk-in cooler  
approx 12' x 34' plus outdoor area*

SECTION B			OTHER INFORMATION REQUIRED *	
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed	
<p><b>* 1. READ CAREFULLY.</b> Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	See attached	
<p><b>* 2.</b> Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p><b>* 3.</b> Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p><b>* 4.</b> Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Pinnacle Bank	
<p><b>* 5.</b> Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	Pinnacle Bank George J. Kazas		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	#J18206 Chios Inc		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	George J. Kazas 80 hours		



13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Managed Papa John Greek restaurant Lincoln, NE -- 12 years		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	Leased attached		
15. When do you intend to open for business?	As soon as possible <i>lease expiration date:</i> <i>May 1, 2012</i>		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
George J. Kazas	1988	2002	Lincoln, Ne
Michael J. Kazas	1988	2002	Lincoln, NE
Despina Kazas	1988	2002	Lincoln, NE
<i>John G Kazas</i>	"	"	"

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign  
here

George Kozas

Sign  
Here

Sign  
Here

[Signature]

Sign  
Here

Sign  
Here

[Signature]

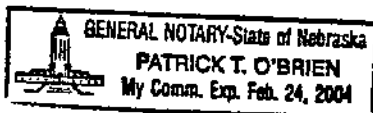
Sign  
Here

Sign  
Here

[Signature]

Sign  
Here

Subscribed in my presence and sworn to before me this 6 day of February 2002



(SEAL)

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign  
here

Patrick T. O'Brien

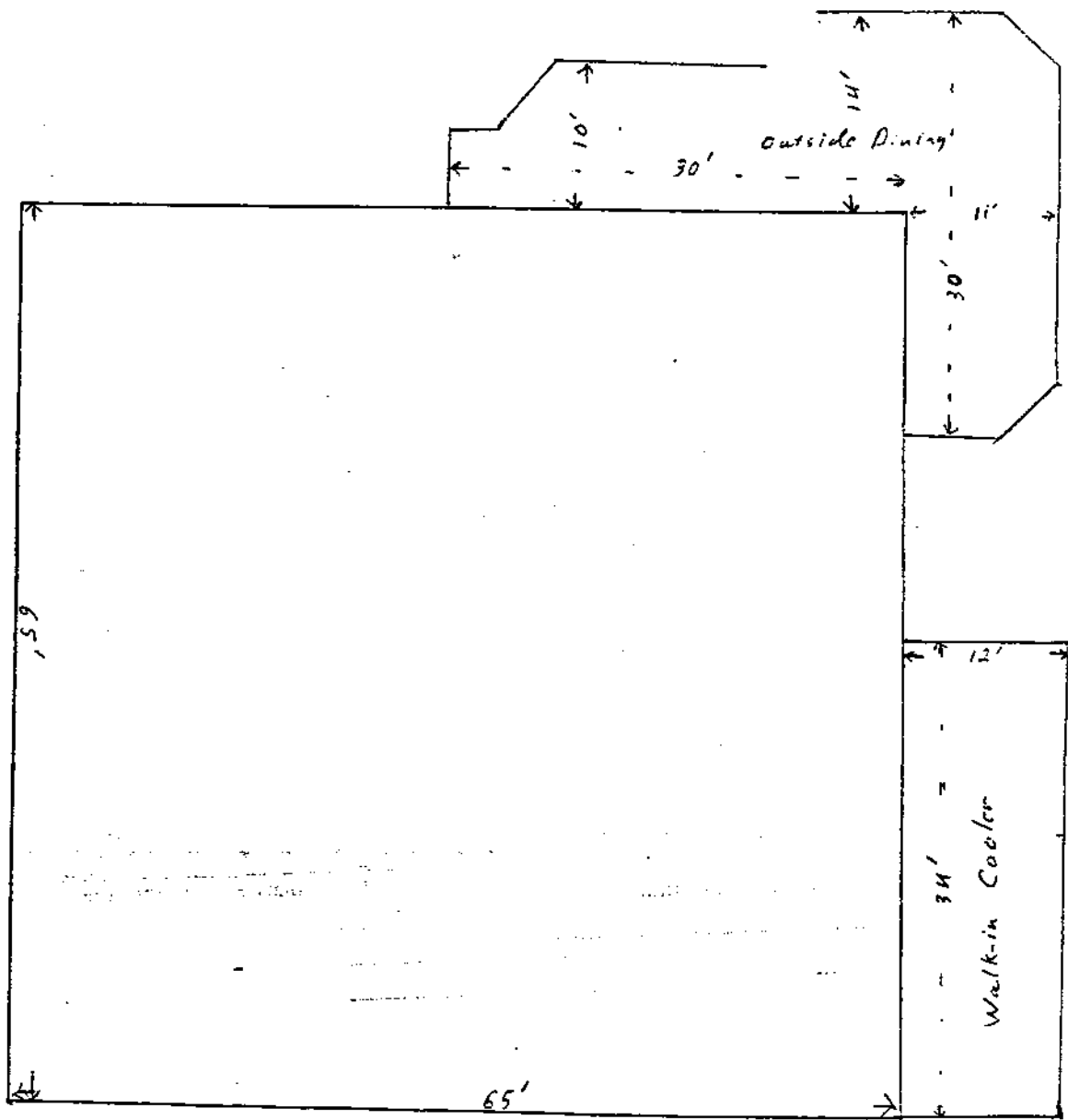
Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01



# Corporation/LLC Application for License - Form 3

## Nebraska Liquor Control Commission

**RECEIVED**

MAR - 6 2002

NEBRASKA LIQUOR  
CONTROL COMMISSION**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk ( \* )

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

Potamia, Inc. \*

Total Number of Shares (if corporation)

100 \*

Corporate Street Address

Unit 100, 5500 S. 56th Street \*

Mailing address for receipt of Liquor Control Commission Mailings

Unit 100, 5500 S. 56th Street \*

Corporate Telephone Number

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68516 \*

Name of Registered Agent

George J. Kazas \*

Name of Proposed Manager

George J. Kazas \*

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name

George J. Kazas \*

Title

President \*

Date of Birth

9/29/71 \*

Social Security Number \*

Home Address (1)

3606 Diablo Drive \*

City

Lincoln \*

State

NE \*

Zip Code

68516 \*

Home Telephone Number

402-420-1162 \*

**PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**Name of Officers, Directors, Members and Spouses.  
Give Last Name, First Name, Middle, Maiden, and any aliasesSocial Security  
Number

Date of Birth

Title

Name

Kazas, George John

President

Spouse Name

None

Partner Number of Shares / % 30

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.

Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Kazas, Michael John			Vice-President
Spouse Name None			
Partner Number of Shares / % 30	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Kazas, Despina NMN (Kritikos)			Secretary/Treasurer
Spouse Name Kazas, John George			
Partner Number of Shares / % 40	Spouse Number of Shares / % 0		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)

# Application for Corporate Manager

**\*Must Be A Nebraska Resident\***

**Please submit in Triplicate**

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk ( \* )

## LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Potamia, Inc. \*

Class & License number

1 \*

Trade Name of Licensed Premise

The Parthenon \*

Street Address of Licensed Premise

Unit 100, 5500 S. 56th Street \*

City

Lincoln \*

County

Lancaster \*

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: George Kazas

## APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Kazas, George John \*

Sex \*

F

M

☐

☒

Social Security Number

\*

Date of Birth

\*

Place of Birth

Willowick, Ohio \*

Home Street Address

3606 Diablo Drive \*

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68516 \*

Home Telephone Number

402-420-1162 \*

Business Telephone Number

\*

Drivers License Number

\*

State

NE \*

Are You Married? \* Yes ☐ No ☒ If Yes, You must complete the following:

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 01/31 Ending date: 12/31

State of Nebraska

)

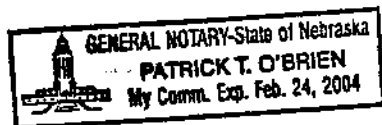
) ss.

Lancaster County

)

*Patrick T. O'Brien*

Notary Public Signature & Seal



By

*George Kozas*

President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

*Dorinda Kozas*

Secretary/Member

Verify Form and Print

FORM 35-4183  
REV. 02/01

**SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)**

Full Name (Last, First, Middle, Maiden)

Social Security Number

Drivers License Number

State

Date of Birth

Place of Birth

**\* 1. READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☒ ☐

Speeding, Grand Island, NE 12/98

**\* 2.** Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☐ ☒**\* 3.** Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒**\* 4.** Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒ ☐**\* 5.** Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒ ☐



**RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE**

	Year	
	From	To
Applicant: City & State		
Lincoln, NE	1988	2002
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

	Year	
	From	To
Name of Employer		
Papa John Greek Restaurant	1989	2002
Name of Supervisor	Telephone Number	
None	402-477-7657	

	Year	
	From	To
Name of Employer		
Bonanza Family Restaurant	1983	1989
Name of Supervisor	Telephone Number	
John Kazas	None	

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY**

APPLICANT & SPOUSE

STATE OF NEBRASKA )

) SS

COUNTY OF LANCASTER

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

George Kozos

Signature of Applicant

Signature of Spouse (if applicable)

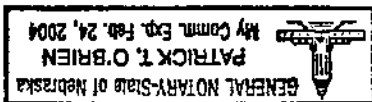
Subscribed in my presence and sworn to before me this  
2 day of February 2002

Subscribed in my presence and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

Patrick T. O'Brien

Notary Signature & Seal

Notary Signature & Seal



Verify and Print

FORM 35-4013  
REV. 2/01